

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 15041	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 1 / 1 / 2005
3. Name and address of person filing. Name THOMAS W DALSANTO P.O. Box, Bldg., Room No., if any SUITE F Street 4477 LINDEN RD City ROCKFORD State IL ZIP Code + 4 61109	4. Name, file number, and address of labor organization. Name LABORERS LOCAL 32 Labor Organization File Number 016971 P.O. Box, Building and Room Number, if any SUITE F Street 4477 LINDEN RD City ROCKFORD State IL ZIP Code + 4 61109
5. Position in labor organization. BUSINESS MANAGER/SECRETARY TREASURER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. PLEASE BE ADVISED THAT, BASED ON THE RECORDS THAT ARE CURRENTLY IN MY POSSESSION RELATED TO CALENDER YEAR 2004, I DO NOT HAVE, TO THE BEST OF MY KNOWLEDGE, ANY LM-30 REPORTABLE TRANSACTIONS. I AM FILING THIS FORM TO QUALIFY AS PART OF THE DOL AMNESTY FILING FOR 2004 AND THE PRIOR FIVE YEARS. 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed _____ On _____ Date _____ Telephone Number _____

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NORTH CENTRAL HEALTH WELFARE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6714 N. FROSTWOOD

City PEORIA

State IL ZIP Code + 4 61615

11.a. Nature of such dealing.

REGISTRATION NEW ORLEANS
CLASSES
INTERNATIONAL FOUNDATION
\$1,900.⁰⁰
\$1,900 Reg. Class SANDRAGO

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.